

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 384344 (8)  
1. Corporation Name  
BOMANAGEMENT CORPORATION

Principal Place of Business  
110 28TH AVE. NORTH  
APT 2-R  
ST. PETERSBURG FL 33704

Mailing Address  
110 28TH AVE. NORTH  
APT 2-R  
ST. PETERSBURG FL 33704



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1640 Cape Hope Av NE Suite, Apt. #, etc. 22 Apt. #4 City & State 23 St. Petersburg, Fla. Zip 24 33702		2a. Mailing Address 26 1640 Cape Hope Av NE Suite, Apt. #, etc. 27 Apt. #4 City & State 28 St. Petersburg, Fla. Zip 29 33702 Country 25 U.S. 30 U.S.		3. Date Incorporated or Qualified 06/21/1971	
		4. FEI Number 59-1423973		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

GOLDSTEIN, LARRY  
600 49TH ST N STE A-1  
ST PETERBURG FL 33710

10. Name and Address of New Registered Agent

81 Name	GOLDSTEIN, LARRY	
82 Street Address (P.O. Box Number is Not Acceptable)	7601 38th Av. North	
83		
84 City	St. Petersburg	FL
85 Zip Code	33710	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE LARRY GOLDSTEIN

gent signature required when reinstating)

7/18/98  
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VSD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KNOX, LOYCE L			1.2 NAME			
STREET ADDRESS	110 28TH AVE. NORTH			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33704			1.4 CITY-ST-ZIP			
TITLE	PTD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOWMAN, WILLIAM JR			2.2 NAME			
STREET ADDRESS	110 28TH AVE. NORTH			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33704			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOWMAN, WILLIAM III			3.2 NAME			
STREET ADDRESS	110 28TH AVE. NORTH			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33704			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WILLIAM BOWMAN, JR. William Bowman Jr. 4-18-98 813:521-1595

CR2E034 (10/97)